

**RFF- 2019-14**  
**REQUEST FOR FUNDING ANNOUNCEMENT**  
**FOR**  
***Disbursement of State Opioid Response Grant Funding***

This is a Request for Funding announcement (RFF) issued by the Family and Social Services Administration/***Division of Mental Health and Addiction, Addiction and Forensic Treatment Team.***

This RFF is intended to publicize the availability of Grant opportunities for services described herein. Neither the issuance of this RFF nor the receipt of any responses thereto, shall create any obligation to the State of Indiana to make any award pursuant hereto. The award of any grant(s) as a result of this RFF shall be at the sole discretion of FSSA. Neither this RFF nor any response (“proposal”) submitted here are to be construed as a legal offer.

**CONFIDENTIAL INFORMATION**

Potential respondents are advised that materials contained in proposals are subject to the Indiana Public Records Act, IC 5-14-3 *et seq.*, and after the grant award may be viewed and/or copied by any member of the public, including news agencies and competitors. Potential respondents claiming a statutory exception to the Indiana Public Records Act must place all confidential documents in a sealed envelope clearly marked “Confidential” and must indicate on the outside of their proposal envelope that confidential materials are included and, in their cover letter, specify which statutory exception provision applies. The State reserves the right to make determinations of confidentiality. If the State does not agree that the information designated is confidential under one of the disclosure exceptions to the Public Records Act, it may either reject the proposal or discuss its interpretation of the allowable exceptions with the respondent. If agreement can be reached, the proposal will be considered. If agreement cannot be reached, the State will remove the proposal from consideration for award and return the proposal to the respondent upon request. The State will not determine price to be confidential information.

**COMPENSATION**

FSSA/***Division of Mental Health and Addiction*** encourages respondents, in their responses to the RFF, to be as creative as possible regarding cost to the State, as cost efficiency for the State will be a consideration in determining whether a grant(s) will be awarded based on responses to the RFF.

**TERMS**

Selected applicants will receive a twelve (12) month grant, with funding available August 1, 2019 to August 31, 2020.

**PROPOSALS**

Respondents interested in providing these services to FSSA/***Division of Mental Health and Addiction*** should submit electronic proposals to:

***Michael Tomlinson***  
***FSSA/Division of Mental Health and Addiction***

**Email Address: Michael.Tomlinson@fssa.IN.gov**

The proposal must include:

1. Cover Letter with agency and contact persons information
2. Proposal narrative
3. Budget and budget justification
4. Identify Administrative Staff overseeing project
5. Most recent audit report for agency identified as fiscal agent for funds made in accordance with OMB circular A-133 if applicable.

Proposals must be received no later than **4:30 p.m. Eastern Time on July 12, 2019. Proposals received after 4:30 p.m. will not be considered.** Proposals must be delivered in electronic format with all required documents. Please use the following language in the subject heading of the email:

**RESPONSE TO RFF #2019-14**  
***Disbursement of State Opioid Response Grant Funding***

No more than one proposal per respondent will be accepted. In the cover letter please indicate the principal contact for the proposal along with a telephone number and email address. Proposals should be no longer than 5 pages for the proposal narrative.

Any questions regarding this RFF must be submitted in via email to Michael Tomlinson (Michael.Tomlinson@fssa.IN.gov) no later than **4:30 p.m. Eastern Standard Time on June 21, 2019. Questions received after 4:30 p.m. may not be considered. Please keep questions brief and of high priority.** Responses to all questions will be promptly prepared and emailed to group.

**All inquiries are to be directed to *Michael Tomlinson* and are not to be directed to any other staff member of FSSA. Such action may disqualify respondent from further consideration for a grant as a result of this RFF.**

**SCOPE OF WORK**

Many times the planned implementation of evidenced based practices (EBP) efforts fail because of reasons such as poor alignment of system, service organization and leadership, the EBP is not used well enough to get results or EBPs are no longer used after training. Therefore, the purpose of this opportunity is to support community mental health centers (CMHCs) with effectively utilizing EBPs for the treatment of substance use disorders (SUDs) in adults and adolescents. It is the intent of DMHA to utilize a three pronged approach. The first approach focuses on reducing barriers to evidence based care by implementing Leadership and Organizational Change for Implementation (LOCI). LOCI focuses on development for leaders and how they interact directly and influence staff with the intent for leaders on multiple levels to create an organizational climate to support EBP implementation and sustainability. This implementation must include first level leaders within the organization to reduce barriers for successful high-fidelity EBP implementation. The second approach implements MET (Motivational Enhancement Therapy) plus CBT (Cognitive Behavior Therapy). Both interventions have been shown to reduce SUDs in adolescents and adults. These therapies have been manualized and are delivered over 12 weeks of sessions and should be used in conjunction with medication assisted treatment (MAT), peer recovery coaching, contingency management and case management.

The third approach is to implement the Computer Adaptive Assessments (CAT) for mental health and substance use. The CAT assessment tools are computerized adaptive tests that provide diagnostic assessments of mental health and substance use disorders in a rapid fashion. Further enhancements of the CAT SUD assessments will be undertaken.

This is a great opportunity to work with and learn from the developers of the LOCI model and the MET-CBT training curriculum including - ongoing supervision and fidelity monitoring. Dr. Aarons and Dr. Ehrhart, with LOCI are both Organizational Psychologists with experience in improving the workplace setting. Please visit the LOCI website below for more information:

<https://www.implementationleadership.com/>

Indiana Division of Mental Health and Addiction (DMHA) understands that change is challenging, but is inevitable. With that said, DMHA is providing the opportunity for up to 12 Community Mental Health Centers (CMHC) to participate in this program to learn ways to enhance evidence based assessments and treatment of SUDs in adults and children. Respondents must be willing to:

- Participate in a year long process starting August 1, 2019.
- Provide Medication Assisted Treatment (MAT) or have written documentation of an active partnership with an Opioid Treatment Program (OTP).
- Participate in required training and telehealth supervision calls
- Commit to implementing all aspects of EBP efforts within their organization

There are 2 mandatory components where full CMHC participation is required:

- 1) LOCI: Full completion of LOCI training (see Table below) is tied to up to \$50,000 compensation per selected CMHC (based on number of staff involved in the project).

<b>DMHA System Representatives</b>	<b>Executives/Managers (i.e., directly manages the supervisors/leaders)</b>	<b>LOCI Leaders (Clinic Supervisors/Leaders)</b>	<b>Counselors/Service Providers</b>
<b>5 x ~30-minute online survey (will receive \$25 incentive for each survey completed) Baseline, 4-months, 8-months, 12-months, 16-months</b>	5 x ~30-minute online survey (will receive \$25 incentive for each survey completed) Baseline, 4-months, 8-months, 12-months, 16-months	5 x ~30 minute-online survey (will receive \$25 incentive for each survey completed) Baseline, 4-months, 8-months, 12-months, 16-months	5 x ~30-minute online survey (will receive \$25 incentive for each survey completed) Baseline, 4-months, 8-months, 12-months, 16-months
--	--	2-day in-person LOCI training	--
--	--	2 x ½ day in-person LOCI booster training sessions	--
--	--	Weekly 15-minute coaching calls with LOCI coach (12 months)	--
<b>8 x monthly 30-minute climate</b>	8 x monthly 30-minute check-in calls with LOCI	Monthly 1-hour LOCI leaders group cohort calls	--

<b>development check-in calls with LOCI team (12 months)</b>	team (12 months)	with LOCI trainers and coaches (12 months)	
<b>4 x 1-hour system strategy meetings (SSMs) with LOCI trainers, coaches, LOCI leaders, and CMHC &amp; clinic leaders</b>	4 x 1-hour organizational strategy meetings (OSMs) with LOCI trainers, coaches, and LOCI leaders	4 x 1-hour organizational strategy meetings (OSMs) with LOCI trainers, coaches, and agency executives	--
--	--	½ day in-person LOCI graduation ceremony at the end of the program	--
--	1-hour wrap-up and feedback meeting with LOCI trainers, coaches, and LOCI leaders	1-hour wrap-up and feedback meeting with LOCI trainers, coaches, and agency executives	--
<b>~10.5 hours</b>	<b>~11.5 hours</b>	<b>~60.5 hours</b>	<b>~2.5 hours</b>

- 2) MET-CBT implementation: Participation in 24 hours of in person training for 2 clinical leads (1 adult, 1 adolescent) plus at least 5 therapists per selected CMHC. And, participation in biweekly Zoom supervision and fidelity monitoring calls/ratings per selected CMHC. Each participating CMHC will receive compensation for staff time and travel associated with MET-CBT participation and completion (up to \$42,500) based on number of staff involved in the project.

An **optional** component includes referral of adolescent and adult participants who are willing to be consented and who will then receive a comprehensive mental health and SUD assessment via telemedicine. Patient participants that undergo an assessment will be compensated.

The intent is to fund up to 12 awards at up to \$92,500 each for full participation. However, DMHA reserves the right to divide the total amount (\$1,110,000) amongst the number of respondents based on needs. Selected CMHCs will also have full access at no charge to the CAT suite of assessment tools (up to 55,000 licenses across the state).

#### **TIME FRAME:**

June 7, 2019	RFF sent to potential applicants
June 21, 2019	RFF questions due
July 12, 2019	RFF proposals due back
July 26, 2019	Notify Grantees of Awarded Funds
August 1, 2019	Grant effective date

Funding:

The maximum award for this funding opportunity *is \$1,110,000 with individual contracts not to exceed \$92,500*. Grant awards for this program are subject to budgetary exigencies associated with the availability of Federal and State funding.

**Eligible Respondents:**

Community Mental Health Centers that offer all three (3) forms of FDA approved medications for the treatment of opioid use disorder or have a DMHA approved partnership with an OTP in the CMHC's local area.

**SELECTION PROCESS AND CRITERIA**

Proposals will be reviewed and scored by a committee selected by the *Division of Mental Health and Addiction* or designee. Proposals will be evaluated based upon the proven ability of the respondent to meet the goals of the Program in a cost-effective manner. Specific criteria are:

Evaluation Criteria

Each narrative will be evaluated on the following criteria:

**1. Level of Interest in Opportunity ( 60 points)**

The following responses will be considered when evaluating this criterion.

- a. Explain current initiatives underway to expand evidence based practices and how this opportunity will enhance efforts
- b. Specify if CMHC is interested in participating in all opportunities (including CAT-SUD) or just two required (LOCI and MET-CBT)
- c. Include the geographic location (county) in which MET-CBT will be implemented.

**2. Budget (40 points)**

- a. Name and title of each individual that will participate at the executive/manager and clinical supervisor levels.  
Include the total number of staff to be included in this initiative and total funding amount requested.

Proposals will be evaluated based upon the proven ability of the respondent to satisfy the requirements of the proposal in a cost-effective manner.